

**RETIREE MONTHLY INSURANCE RATES
EFFECTIVE JULY 1, 2018**

TRADITIONAL MEDICARE SUPPLEMENTAL	\$726.36
TRIPLE OPTION	
INDIVIDUAL	\$1,263.78
PARENT/CHILD	\$2,480.42
EMPLOYEE/SPOUSE	\$3,139.73
FAMILY	\$3,865.89
BLUECHOICE OPT-OUT PLUS	
INDIVIDUAL	\$970.55
PARENT/CHILD	\$1,847.95
EMPLOYEE/SPOUSE	\$2,277.37
FAMILY	\$2,991.25
OVER 65/MEDICARE ELIGIBLE	\$649.86
PPO PLUS PREMIER DENTAL	
INDIVIDUAL	\$32.94
PARENT/CHILD	\$52.46
EMPLOYEE/SPOUSE	\$72.51
FAMILY	\$96.73
PPO DENTAL	
INDIVIDUAL	\$28.13
PARENT/CHILD	\$44.75
EMPLOYEE/SPOUSE	\$62.01
FAMILY	\$82.52
SELECT VISION	
INDIVIDUAL	\$8.48
PARENT/CHILD	\$17.12
EMPLOYEE/SPOUSE	\$21.38
FAMILY	\$24.68